

TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT
BIRTH APPLICATION

635 North Erie Street, Toledo, Ohio 43604

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\$25.00 Each Certified Copy

REG NUMBER _____ ROLL _____ FRAME _____ CHANGES _____

(Please leave blank)

NAME ON RECORD _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

Signature of Person

Completing this

Application _____ Date _____

Printed Name _____

Address _____ City _____

State _____ Zip Code _____ Phone No. _____